

### STATE OF NORTH CAROLINA OFFICE OF STATE BUDGET AND MANAGEMENT

BEVERLY EAVES PERDUE GOVERNOR

CHARLES E. PERUSSE STATE BUDGET DIRECTOR

October 12, 2010

### **MEMORANDUM**

TO:

Senator Marc Basnight, President Pro-Tempore of the Senate

Representative Joe Hackney, Speaker of the House of Representatives

FROM:

Charles Perusse Charles Peruse

SUBJECT:

Consultation on Expenditure of Grant Awards

Pursuant to Section 6.9 of Session Law 2008-107 (House Bill 2436), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me at 919-807-4700.

Thank you.

31 Comments	30 Purpose of grant or amendment	29 Amount of grants funds awarded in each year	28 Amount of grants funds applied for in each year	27 If yes, give the number by type for each year: Permanent	_			26 Are new FTEs funded through the grant?		24 Will additional state monies be required to continue the program if grant expires or is reduced?	Ė	ments or non-state entities?	govern-	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 If yes, what is the MOE?	S	to match grant funds.	10 If you what is the source of state funds being used	17 If yes, what is the matching requirement?	Is there a state matching requirement?	Fund code (XXXX or NA)	Budget code the grant will be expended in (XXXXX)	/ in agency's continuation budget?	Application type	11 End date of grant (MM/DD/YY)	Grant application deadline (WWWDD/TT)		Cigit upo			6 Funding Entity (grantor)	r-mail	Contact person (name)	DHHS only, choose division from drop down list	ot in DHHS)	Department	Notification o
NC BRFSS data are disseminated primarily to public health professionals in the state.	The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, monthly telephone survey of non-institutionalized state residents aged 18 and olde in households with telephones. This grant will provide funds to continue the operations of the North Carolina BRFSS program, which was first instituted in 1894 and has be conducted each year since then. Through BRFSS, informatics to collected in a routine, standardized manner at the state level on a variety of health behaviors and reviewed the program of the pr	\$349,990.00	\$349,990.00		Actual Authorized Proposed	SFY 2009-10 SFY 2010-11 SFY 2010-11	Complete either Authorized or Proposed	No Ecc 2010-11		No			No	No						NO	116U	14430	No	New	03/31/11	09/30/10	System	Competitive Supplemental Funding for Behavioral Risk Factor Surveillance	Patient Protection and Affordable Care Act (Affordable Care Act) State	000	Centers for Disease Control & Prevention (CDC)	iames cassell@dhhs nc gov	James Cassell	Division of Public Health		Department of Health and Human Services	Notification of Application for Grant Funds/Awards, 201  Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
NC BRFSS data are disseminated primarily to public health professionals in the state, who use these data to develop and monitor programs that attempt to reduce risks and	19, monthly telephone survey of non-institutionalized state residents aged 18 and older so of the North Carolina BRESS program, which was first instituted in 1984 and has been standardized manner at the state level on a variety of health behaviors and as cardiovascular disease, cancer, diabetes, and injuries. Findings from analyses of				Proposed Proposed Proposed	SFY 2011-12 SFY 2012-13 SFY 2013-14			•		•	1									-																<b>010-11</b>

24 Will additional state monies be required to continue the 23 22 Will any of these funds be passed through to local govern-21 Is an additional General Fund appropriation required to meet 19 Is there a maintenance of effort (MOE) requirement? .....
20 If yes, what is the MOE? ..... 200 16 Is there a state matching requirement? ...17 If yes, what is the matching requirement 14 Budget code the grant will be expended in (XXXXX)..... 13 Is this grant already in agency's continuation budget? 12 Application type . <u>\_</u> 28 Amount of grants funds applied for in each year .... 29 Amount of grants funds awarded in each year .... 25 If yes, is this a requirement of the grant 26 Are new FTEs funded through the grant?. 10 Start date of grant (MM/DD/YY) .... 27 31 Comments 30 Purpose of grant or amendment 9 Grant application deadline (MM/DD/YY) ... w 8 Grant title .... 7 CFDA number.... 6 Funding Entity (grantor) Contact person (name) ... Division (except in DHHS). the state match requirement? program if grant expires or is reduced? ... Phone number If yes, identify affected entities by type ... Fund code (XXXX or NA) ... If yes, is this a requirement of the grant? .... End date of grant (MM/DD/YY) ..... E-mail .. If yes, what is the source of state funds being used If yes, what is the matching requirement? ..... DHHS only, choose division from drop down list...... If yes, give the number by type for each year: Permanent OSBN to match grant funds. ... Notification of Application for Grant Funds/Awards, 2009-10 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Time-Limited Department of Health and Human Services Instructions at http://www.osbm.state.nc.us/files/pdf\_files/grants\_instr.pdf N<sub>o</sub> \$166,667.00 14411 Alzheimer's Disease Supportive Services Program 1210 93.051 gary.cyrus@dhhs.nc.gov USDHHS, Administration on Aging Gary Cyrus Division of Aging and Adult Services Yes 09/30/11 Matching requirements are 25% (\$166,667). community level. Savvy Caregiver Interventions, that help family caregivers of persons with Alzheimer's Disease and Related Disorders, can be translated into effective programs at the local govt AND private non-profit AND other state agency General Fund 10/01/10 )7/06/10 Through this grant, the state will demonstrate how the New York University Caregiver Intervention, Resources for Enhancing Alzheimer's Caregiver Health Intervention, and 33-8390 SFY 2008-09 Actual SFY 2009-10 Authorized Complete either Authorized or Proposed For 2009-10 SFY 2009-10 Proposed SFY 2010-11 Proposed \$375,000.00 SFY 2011-12 Proposed \$125,000.00 SFY 2012-13 Proposed

31 Comments	30 Purpose of grant or amendment	20 Amount of grants funds awarded in each year	Time-Limited	27 If yes, give the number by type for each year: Permanent		[	26 Are new FTEs funded through the grant?	program if grant expires or is reduced?	5	ments or non-state entities?  73 If yes, identify affected entities by type	22 Will any of these funds be passed through to local govern-	21 Is an additional General Fund appropriation required to meet No the state match requirement?		19 Is there a maintenance of effort (MOE) requirement? No	18 If yes, what is the source of state funds being used to match grant funds	17 If yes, what is the matching requirement?	S	:	1.3 Is this grant already in agency's continuation budget:  1.4 Budget code the grant will be expended in (XXXXX)	12 Application type		Start date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)	Crails and		runding Entry (granior)		Phone number	Contact person (name)	DHHS only, choose division from drop down list	Department	Osta Notice of sold for the problem of the problem	Notif
FTE will be hired first year	conduct acute pesticide illne				SFY 2009-10 Actual														30		12/31/11	01/01/11	11/04/10		66.716  Pesticide Incident Surveillance Program	El Anotalia i la como i L	sheila.higgins@dhhs.nc.gov	919-707-5940	Sheila Higgins	Division of Public Health	Department of Health and Human Services	and wanagement, 110 vve	Application for
One FTE will be hired first year of grant: Statistical Research Assistant II, Grade 65	ss and injury surveillance an				SFY 2010-11 SFY 2010-1 Authorized Proposed	For 2010-11																		Q	e Program	gency	OV				in Services	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	or Grant Fund
h Assistant II, Grade 65	To conduct acute pesticide illness and injury surveillance and link findings with outreach to decrease expsoure risk	4	\$37 500 00	1 000	SFY 2010-11 Proposed	0-11																		444.4								Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	s/Awards, 20
	to decrease expsoure risk.		\$37,500,00		SFY 2011-12 Proposed																												10-11
					SFY 2012-13 Proposed																												
		*			SFY 2013-14 Proposed																												

# Notification of Application for Grant Funds/Awards, 2009-10

Instructions at http://www.osbm.state.nc.us/files/pdt_files/grants_instr.pdt	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	The state of the s

Office of State of	Instructions at http://www.osh	Office of State budget and Mahagement, 110 West Johns Street, Nateight, No 27000-0000, 919-007-47000 Instructions at http://www.oshm.state.no.instribut, 110 West Johns Street, Nateight, No 27000-0000, 919-007-47000	ts instract			
1 Department	Department of Health and Human Services	ıman Services				
Division (except in DHH	Division of Public Health		-			
3 Contact person (name)	Sydney Atkinson					
4 Phone number	919-707-5693					
5 E-mail 6 Funding Entity (grantor)	sydney. atkinson@dhhs.nc.gov Administration for Children and Familie Services	sydney_altkinson@dhhs.nc.gov Administration for Children and Families, U.S. Department of Health and Human Services	Health and Human			
7 CFDA number	93.092					
8 Grant title	PREPare for Success: Inve	PREPare for Success: Investing in Youth Today for Future Outcomes	re Outcomes			
9 Grant application deadline (MM/DD/YY)	08/30/10					
10 Start date of grant (MM/DD/YY)	09/30/10					
11 End date of grant (MM/DD/YY)	08/31/11					
$\triangleright$	New					-
13 Is this grant already in agency's continuation budget?	No					
В	14430					
15 Fund code (XXXX or NA)	1511					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used						
19 Is there a maintenance of effort (MOE) requirement?	Yes					
20 If yes, what is the MOE?	No payment of PREP funds funds by the St. for activities support is less than the amo	No payment of PREP funds shall be made to a St. if the expenditure of non-Federal funds by the St. for activities, programs or initiatives for which PREP funds are to support is less than the amount expended by the St. for FY2009	enditure of non-Federal h PREP funds are to 009.			
21 Is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local governments or non-state entities?	Yes					
23 If yes, identify affected entities by type	local govt AND private non-profit	orofit				
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No					
25 If yes, is this a requirement of the grant?						
≥	Yes					
		For 2009-10  Complete either Authorized or Proposed	9-10 rized or Proposed			
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent				1.000		
Time-Limited	ited					
28 Amount of grants funds applied for in each year				\$1,158,234.00	\$386,078.00	
29 Amount of grants funds awarded in each year		the Challes Valle Ast (LIVA) in	Property North Co	rolling is primed to implement	anditional toon programmy	revention programs We
30 Purpose of grant or amendment	with the 2009 enactment or plan to partner with local sch pregnancy prevention. This amount to each state and te	with the 2009 enactment of the Healiny Youth Act (1114) in our public schools, Notice Counting to Impediate advanced to the pegiancy previous the plan to partner with local school systems that have high rates of teen pregnancies to strengthen the HYA by offering an evidence-based curriculum to address teen pregnancy prevention. This grant will allow us to reach about 2000 youth with a pregnancy prevention curriculum. This is a formula grant program that allocates a set dollar amount to each state and territory. There is a two-step application process with the first round due August 30, 2010 and the second round due February 1, 2011.	con public schools, whith Ca s of teen pregnancies to stre it 2000 youth with a pregnan- cation process with the first r	round is primed to imperiment angthen the HYA by offering a cy prevention curriculum. This ound due August 30, 2010 a	n evidence-based curriculum s is a formula grant program nd the second round due Fei	to address teen that allocates a set dollar truary 1, 2011.
31 Comments	Managing this grant will requ	Managing this grant will require a Public Health Program Consultant II position, SG72	nsultant II position, SG72.			

## Notification of Application for Grant Funds/Awards, 2010-11 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

	developing sustainable methods to enhance cancer registry data. This special project subcontract focuses on electronic repotence of the subcontract will be funded from 12/01/10 through 09/30/13. The total application amount is \$216,686.00. 780,997.	lainable methods to enhance on the state of	developing sust	31 Comments
pecial Project subcontract for innovative data collection and training, with the goal of	The Central Cancer Registry is applying for the Comparative Effectiveness Research Special Project	ncer Registry is applying for th	The Central Car	29 Amount of grants funds <u>awarded</u> in each year
275,644 -5252 584.00 275, 644 \$252.584.00	160,792_547,547.00 275,644		nited	Inne-Limited  28 Amount of grants funds <u>applied for</u> in each year
				27 If yes, give the number by type for each year: Permanent
Proposed Proposed	ized Proposed		Actual	
SFY 2011-12 SFY 2012-13	10-11 SFY 2010-11	ςο ·	SFY 2009-10	
	Complete either Authorized or Proposed	Comple		
	7,0000		No	≥
			No	25 If yes, is this a requirement of the grant?
			Z	24 Will additional state monies be required to continue the program if grant expires or is reduced?
				23 If yes, identify affected entities by type
			3	ments or non-state entities?
			Z	the state match requirement? the state match requirement?
			No	21 Is an additional General Fund appropriation required to meet
				20 If yes, what is the MOE?
			No	19 Is there a maintenance of effort (MOE) requirement?
				18 If yes, what is the source of state funds being used
ONO THE				
Director:				17 If was what is the matching requirement?
			No	15 Fund code (XXXX or NA)
leam Leader:				В
T-1-1-166 8/5/10			No	13 Is this grant aiready in agency's continuation budget?
			New	≱
			09/30/13	11 End date of grant (MM/DD/YY)
			12/01/10	10 Start date of grant (MM/DD/YY)
			08/11/10	9 Grant application deadline (MM/DD/YY)
Budget Officer: Om 8/5/10	Effectiveness Research- Special Project on Reporting from Medical Office Practices	Research-Special Project on	Effectiveness R	
,	istry Data For Comparative	ARRA subcontract: Enhancing Cancer Registry Data For Comparative	ARRA subcontr	8 Grant title
Grants Coordinator: 1971 8/6/10	Suborumael	MACRN Subu	VIA ICF	
		reve	Centers for Disea	6 Funding Entity (grantor)
		Karen.Knight@dhhs.nc.gov	Karen.Knight	
Postorcts			919-715-4556	9
		C ricain.	Karen Knight	2 Contact person (name)
		- Hoolth	Division of Bublic	
		Department of Health and Human Services	Department of H	1 Department
	s/pdf_files/grants_instr.pdf	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Instructions at ht	O SEIM

### Notification of Application for Grant Funds/Awards, 2010-11

31 Comments	30 Purpose of grant or amendment	28 Amount of grants funds <u>applied for</u> in each year	r yes, give me number by type for each year: Fermanent Time-Limited			≥	program if grant expires or is reduced?	23 If yes, identify affected entities by type	7 5	21 Is an additional General Fund appropriation required to meet the state match requirement?	19 Is there a maintenance of effort (MOE) requirement? 20 If yes, what is the MOE?	18 If yes, what is the source of state funds being used to match grant funds.		If yes, what is the matching requirement?	S rund code (XXXX of (VA)	00	13 Is this grant already in agency's continuation budget?	12 Application type	End date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)		8 Grant title	7 CFDA number	o ruiuiig Eiliuy (gidilioi)	5 E-mail	4 Phone number	3 Contact person (name)	2 Division (except in DHHs)	1 Department	CSBM
This subcontract will be funded from 12/01/10 through 09/30/13. The total application amount is \$4,024,944.96. /, 01.2, 135	The Central Cancer Registry is applying for the Comparative Effectiveness Research subcontract to enhan of electronic reporting, and pilot testing innovative public health applications for cancer registries with the godata. Outcomes will incude a dataset which will be used for comparative effectiveness and other research.	appois appois		Actual Authorized Proposed	Complete either Authorized or Proposed SFY 2009-10 SFY 2010-11 SFY 2010-11		No	No	No.	No.	No				No		No	New	09/30/13	12/01/10		ARRA subcontract: Enhancing Cancer Registry Data For Comparative		VIA ICF MACRO Sub contract	Karen Knight@dhhs.nc.gov	919-715-4556	Karen Knight	Division of Public Health	Department of Health and Human Services	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27503-8005, 919-807-4700. Instructions at http://www.bsbm.state.uc.us/files/pdf_files/grants_instr.pdf
plication amount is \$4,024,044.56. 1, 017, 135	The Central Cancer Registry is applying for the Comparative Effectiveness Research subcontract to enhance data collection, training, methodological development, expansion of electronic reporting, and pilot testing innovative public health applications for cancer registries with the goal of developing sustainable methods to enhance cancer registry data. Outcomes will incude a dataset which will be used for comparative effectiveness and other research.	20,755 Section 30,755 Section 30,755 Section 90,759 Section		ed Proposed Proposed Proposed	d → SFY 2011-12 SFY 2012-13 SFY 2013-14								1	Director: AND Director			Team Leader: 大日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日				Budget Officer CAM 8/5/10	1/6 2/2/	Grants Coordinator 277 8/5/10		CONTRACT >					9-807-4700.

31 Comments	30 Purpose of grant or amendment	29 Amount of grants funds awarded in each year	28 Amount of grants funds applied for in each year	27 If yes, give the number by type for each year: Permanent				$\triangleright$	program it grant expires or is reduced?	24 Will additional state monies be required to continue the	23 If yes, identify affected entities by type	22 Will any of these funds be passed through to local governments or non-state entities?	the state match requirement?	of Is an additional Congrat Fund appropriation required to most	20 If yes, what is the MOE?	19 Is there a maintenance of effort (MOE) requirement?	18 If yes, what is the source of state funds being used to match grant funds	17 If yes, what is the matching requirement?	16 Is there a state matching requirement?	14 Budget code the grant will be expended in (XXXXX)	13 Is this grant already in agency's continuation budget?	≥	11 End date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)		7 CFDA number	핕		4 Phone number		2 Division (except in DHHS)	1 Department	Notification (
2 FTE positions: Public Health Consultant II and Public Health Educator II	The Eastern North Carolina Integrated Approaches to Health Disparities Project will provide support to communities that have demonstrated significant and effective past experience in addressing racial and ethnic health disparities at the community level and with additional resources can achieve larger scale community health impacts through an aggressive and targeted policy, system and environmental change plan of action. This grant will reach 19 counties in the northeasten part of North Carolina.		Tea Tea		Actual	SFY 2009-10		Yes		No	local govt	Yes		20		No			No	1551	No	New	09/29/12	09/30/10	Racial and Ethnic Approaches to Community Health for Communities Organized to Respond and Evaluate (REACH CORE)	93.283	CDC	debi.nelson@dhhs.nc.gov	919-707-5155	Debi Nelson	Division of Public Health	Department of Health and Human Services	Notification of Application for Grant Funds/Awards, 2010 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf
Consultant II and Public Heal	tegrated Approaches to Health il and ethnic health disparities ilcy, system and environmenta				Authorized	SFY 2010-11	For 2010-11 Complete either Authorized or Proposed	1																	s to Community Health for C			V				an Services	or Grant Funds st Jones Street, Raleigh, NC 2 state.nc.us/files/pdf_files/gran
Ith Educator II This is	n Disparities Project will provid at the community level and wi al change plan of action. This	\$75,000.00	\$150,000.00	2.000	Proposed	SFY 2010-11	ized or Proposed																		ommunities Organized								<b>s/Awards, 201</b> ( 27603-8005, 919-807-4700. ts_instr.pdf
s a 2 yr grant period not reapplying next year	le support to communities tha th additional resources can a grant will reach 19 counties ir	\$100,000.00	\$200,000.00		Proposed	SFY 2011-12																											0-11
plying next year	at have demonstrated signific ichieve larger scale communi n the northeasten part of Nort	\$25,000.00	\$50,000.00		Proposed	SFY 2012-13																											
	ant and effective past ity health impacts through th Carolina.				Proposed	SFY 2013-14																											

30 Purpose of grant or amendment	20 Amount of grants runus applied ror in each year	Time-Limited	27 If yes, give the number by type for each year: Permanent	Actual Authorized Proposed Proposed	SFY 2008-09 SFY 2009-10 SFY 2009-10 SFY 2010-11	Complete either Authorized or Proposed	Are new FTEs funded through the grant?	25 If yes, is this a requirement of the grant?	24 Will additional state monies be required to continue the program if grant expires or is reduced?	23 If yes, identify affected entities by type	ments or non-state entities?	21 Is an additional General Fund appropriation required to meet	19 is there a maintenance of effort (MOE) requirement? INO 20 If yes, what is the MOE?	:	17 If yes, what is the matching requirement?	S	15 Fund code (XXXXX or NA)	Budget code the grant will be expended in (XXXXX)	12 Application type		9 Grant application deadline (MM/DD/YY)	8 Grant title	CFDA number	Funding Entity (grantor)	5 E-mail Sally.Herndon@dhhs.nc.gov	Phone number			Office of State Budget and Management, This West Johns States, realinght, No. Zhous-bouch, 919-607-4700. Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	Notification of Application for Grant Funds/Awards, 2009-10	
and chronic disease risk factors, the Centers for I g and Health, announced this opportunity to apply I to achieve in Recover Act funded programs I total of \$98,266 for a one-time award to cover 24	\$36,850.00	\$36,850,00		- April 1997	Ο.	Proposed -	· ·															on to Work							5003, 919-607-4700. .pdf	2009	
y for Affordable Care Act fun months of service.	\$49,133.00	\$49,133,00		Proposed	SFY 2011-12																										
ion, National Center for ds to create additional	\$12,283.00	\$12,283,00		Proposed	SFY 2012-13																							-	ii.		

	Notification of Application for Grant Funds/Awards, 2009-10	or Grant Fund	ds/Awards, 20 ir >7503_8005_919_807_470	)09-10 <sup>^</sup>		
	Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf	.state.nc.us/files/pdf_files/gr	ants_instr.pdf	eksekseksingrapikanisereksiksinderaksinki kiristeri, inninderi kariman dermaneren inninder		
1 Department	Department of Health and Human Services	าan Services				
DHHS only, choose division from drop down list	Division of Public Health					
3 Contact person (name)	Alice Lenihan 919-707-5740					
5 E-mail	alice_lenihan@dhhs.nc.c	VOI				
Ξ	FNS USDA					
7 CFDA number	10.579					
	Child and Adult Care Food Program, Child Wellness Grant	rogram, Child Wellness G	rant			
O Grant application deadline (MM/DD/VV)	06/18/10					
10 Start date of grant (MM/DD/YY)	10/01/10					
11 End date of grant (MM/DD/YY)	09/30/13	-				
≱	New					
13 Is this grant already in agency's continuation budget?	No					
15 Fund code (XXXX or NA)	1575					
S	No					
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds.						
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?	***************************************					
21 Is an additional General Fund appropriation required to meet	No					
the state match requirement?		A STATE OF THE STA				
22 Will any of these funds be passed through to local governments or non-state entities?	Yes					
23 If yes, identify affected entities by type	local govt AND private non-profit AND other state agency	ofit AND other state agency				
>	No					
Þ		And the second s				
26 Are new FTEs funded through the grant?	No					
		For 2009-10 Complete either Authorized or Proposed				
	SFY 2008-09	SFY 2009-10	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent						
Time-Limited	nited					
28 Amount of grants funds applied for in each year				\$195,195.00	\$673,967.00	\$529,915.0
29 Amount of grants funds awarded in each year				the the beath and a trition in	and the state of t	oars satisfies including
30 Purpose or grant or amenament	increasing healthler food choices and opportunities for physical activity through Kids Est Smi and physical activity intervention implemented in child care facilities participating in the Child develop policy, environmental changes strategies and conduct training on resources to prom	ces and opportunities for phy ion implemented in child care changes strategies and con	Joint Programs promoted the control of the control		art. Move More (Kds ESMM). Kids ESMM will consist of a multi-level nutrition and Adult Care Food Pgoram (CACFP). The goals of the program are to obe healthe eating and increased physical activity. Fund 19 Kids ESMM grants	of a multi-level nutrition the program are to d 19 Kids ESMM grants.
31 Comments	This is a one-time application for a three year award.	for a three year award.	9 S S S S S S S S S S S S S S S S S S S			

Proposed	meet meet	to match grant runds.  19 Is there a maintenance of effort (MOE) requirement?  20 If yes, what is the MOE?  21 Is an additional General Fund appropriation required to ments or non-state entities?  22 Will any of these funds be passed through to local governments or non-state entities?  23 If yes, identify affected entities by type  24 Will additional state monies be required to continue the program if grant expires or is reduced?  25 If yes, is this a requirement of the grant?  26 Are new FTEs funded through the grant?  27 If yes, give the number by type for each year: Perma Tin 28 Amount of grants funds awarded in each year  29 Amount of grant or amendment.
For 2009-10  For 2009-10  For 2009-10  For 2009-10  For 2009-10  For 2009-10  SFY 2010-11  SFY 2011-12  SFY 2012-13  SFY 2011-12  SFY 2012-13  SFY 2012-13  SFY 2010-11  SFY 2011-12  SFY 2012-13  SFY 2010-11  SFY 2011-12  SFY 2012-13  SFY 2010-11  SFY 2011-12  SFY 2012-13  SFY 2	meet meet	to match grant runds.  19 Is there a maintenance of effort (MOE) requirement?  20 If yes, what is the MOE?  21 Is an additional General Fund appropriation required to meet the state match requirement?  22 Will any of these funds be passed through to local governments or non-state entities?  23 If yes, identify affected entities by type  24 Will additional state monies be required to continue the program if grant expires or is reduced?  25 If yes, is this a requirement of the grant?  26 Are new FTEs funded through the grant?  27 If yes, give the number by type for each year. Permanen Time-L  28 Amount of grants funds applied for in each year  29 Amount of grants funds awarded in each year  30 Purpose of grant or amendment.
For 2009-10 For 20	No  No  No  No  No  Private non-profit AND other state agency  No  No  SFY 2008-09  Actual  Authorized  Authorized  Proposed  Proposed  Proposed  Actual  Authorized  Proposed  Proposed	to match grant runds
For 2009-10  For 2	No   No   No   No   No   No   No   No	to match grant runds
For 2009-10  For 2	No  No  No  No  No  No  SFY 2008-09  Actual  Authorized  No  Actual  No  No  Actual  Authorized  Proposed  Proposed  Proposed  Proposed	to match grant runds
For 2009-10  SFY 2009-10  SFY 2009-10  Proposed  Proposed  Proposed  Proposed  Proposed  Proposed  Proposed	No  No  No  No  No  Private non-profit AND other state agency  No  No  SFY 2008-09  SFY 2008-09  Actual  Authorized  Proposed  Proposed	to match grant runds
For 2009-10  SFY 2010-11  SFY 2011-12	No  No  No  No  No  Private non-profit AND other state agency  No  No  SFY 2008-09  SFY 2009-10  SFY 2009-10  SFY 2009-10	to match grant runds
ency  For 2009-10  Complete either Authorized or Proposed  Complete in the control of	No N	to match grant runds
ency  For 2009-10	No No No No No No No Private non-profit AND other state agency No No Yes	to match grant runds
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	· · · · · · · · · · · · · · · · · · ·	to match grant runds
	·	to if yes, what is the source of state funds being used
	:	
	;	
Tollie Cale Aute State Halling (FROAS)	•	17 If yes, what is the matching requirement?
Tollie Cale Alde State Halling (FROAS)	:	16 Is there a state matching requirement?
Tollie Cale Alde State Halling (FROAS)		15 Fund code (XXXX or NA)
Tollie Cale Alde State Halling (FROAS)	(n / YYYYY)	14 Budget code the grant will be expended in (XXXXX)
Tollie Cale Alde State Halling (FROW)	ation budget?	13 Is this grant already in agency's continuation budget?
Tollie Cale Alde State Halling (FROAS)	New	12 Application type
Torrie vare Aute State Hailing (FROAS)	09/29/13	11 End date of grant (MM/DD/YY)
Torrie vare Aute State Hailing (FROAS)	09/30/10	10 Start date of grant (MM/DD/YY)
TOTHE VALE AIGE TAILING (FILMS I)	07/19/10	9 Grant application deadline (MM/DD/YY)
Tollie Vale Alde State Hallillig (FTIVAST)	riogram	
Yama Para Aida Stata Training (BUCAST)		8 Grant title
	,	
rvices Administration (HRSA)		6 Funding Entity (grantor)
		5 E-mail
	919.855.4429	4 Phone number
Copposit		2 Contact person (name)
Support .		2
rvices	Department of Health and Human Services	0
Instructions at http://www.osbm.state.nc.us/hies/grants_instr.pdf		1 Department

30 Purpose of grant or amendment	29 Amount of grants funds awarded in each year	28 Amount of grants funds applied for in each year	27 If yes, give the number by type for each year: Permanent				26 Are new FTEs funded through the grant?	25 If yes, is this a requirement of the grant?	24 Will additional state monies be required to continue the program if grant expires or is reduced?	23 If yes, identify affected entities by type	22 Will any of these funds be passed through to local governments or non-state entities?	21 Is an additional General Fund appropriation required to meet the state match requirement?	20 If yes, what is the MOE?	to match grant funds	18 If yes, what is the source of state funds being used	17 If yes, what is the matching requirement?	S	14 budget code the graint will be experimed in (\text{\chince}\chi	13 Is this grant already in agency's continuation budget? 14 Budget code the grant will be expended in (XXXXX)	≥	11 End date of grant (MM/DD/YY)	9 Grant application deadline (MM/DD/YY)		7 CFDA number	O Funding Liney (grantor)			3 Contact person (name)	2 Division (except in DHHS)	1 Department	Notification of State Biographics of State Biograph
DPH is applying for both Component I (non-competitive) and Component II (competitive) for Component II is designed to support innovative changes in key areas that improve the quality, the delivery of public health services and programs. Component I focuses on performance m and measurable impact on the public health system, 3) aligns with the Performance Managem and measurable impact on the public health system, 3) aligns with the Performance Managem Grant funding is from 9/30/2010 through 9/29/2011. The total in Proposed 2010-11 budget in The total application amount is \$400,000. Positions on this grant include three new positions. Assistant I	\$30		ted	Actual Authorized Proposed	S	ner Authorized	Yes	No	Yes		No		TIV	No			No	14400	No 14430	New	09/29/11	08/09/10	Component 1	93.507 Strengthening Public Health Infrastructure for Improved Health Outcomes		Ruth.Petersen@dhhs.nc.gov Centers for Disease Control and Prevention	919-707-5203	Ruth Petersen, MD	Division of Public Health	Department of Health and Human Services	Notification of Application for Grant Funds/Awards, 2010 Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/grants_instr.pdf
DPH is applying for both Component. I (non-competitive) and Component in Competitive) to build public health finastructure to intert interests in treatment in the public health is designed to support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs. Component I focuses on performance management that 1) addresses and supports key areas, 2) leads to a positivity and measurable impact on the public health system, 3) aligns with the Performance Management Category.  Grant funding is from 9/30/2010 through 9/29/2011. The total in Proposed 2010-11 budget includes 75% of the full funding, and 2011-12 includes 25% of the full funding. The total application amount is \$400,000. Positions on this grant include three new positions. These are: two (2) Public Health Consultant II, and one (1) Administrative Assistant I.	\$300,000.00 \$100,000.00 The purpose	\$300,000.00 \$100,000.00	3,000	1	SFY 2011-12 SFY 2012-13 SI																			168							ds, 2010-11 19-807-4700.

Notification	Notification of Application for Grant Funds/Awards, 2010-11
Office of State E	Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700. Instructions at http://www.osbm.state.nc.us/files/pdf files/grants_instr.pdf
Department	Department of Health and Human Services
Division (except in DHHS)	
DHHS only, choose division from drop down list	Division of Public Health
Contact person (pame)	James Cassoll

sed amount or	igh Dec. 2013. The total propos	is scheduled for Oct. throu	The baseline survey is scheduled for Oct. through Dec. 2010; the post intervention survey is scheduled for Oct. through Dec. 2013. The total proposed amount or \$272,123.00 has been split evenly between these two time periods.	uled for Oct. through Dec. 20 venly between these two time	The baseline survey is scheduled for Oct. through Dec. 2010; the p \$272,123.00 has been split evenly between these two time periods	31 Comments
nian Health District and stions), data collection emination, and use of	eys of CPPW obesity reduction projects in the Appalachian Health District and and testing of questionnaire (including state-added questions), data collection to facilitate understanding, analyses, interpretation, dissemination, and use of	rveys of CPPW obesity red op and testing of questionna ff to facilitate understanding	This grant will provide funds to support administration of baseline and post intervention surveys of CPPW obesity reduction projects in the Appalachian Health District and Pitt County Health District in North Carolina Funds will cover costs associated with develop and testing of questionnaire (including state-added questions), data collection and cleaning, and provision of technical assistance and consultation to state and local staff to facilitate understanding, analyses, interpretation, dissemination, and use of these surveillance data.	o support administration of by North Carolina, Funds will cover technical assistance and co	This grant will provide funds the Pitt County Health District in land cleaning, and provision of these surveillance data.	30 Purpose of grant or amendment
	\$136,061.50		\$136,061.50			29 Amount of grants funds awarded in each year
	\$136,061.50		\$136,061.50			28 Amount of grants funds applied for in each year
					ited	
						27 If yes, give the number by type for each year: Permanent
Proposed	Proposed	Proposed	Proposed	Authorized	Actual	
SFY 2013-14	SFY 2012-13	SFY 2011-12	SFY 2010-11	▼ SFY 2010-11	SFY 2009-10	
			norized or Proposed	Complete either Authorized or Proposed		
					No	$\triangleright$
*						25 If yes, is this a requirement of the grant?
					Z	24 Will additional state monies be required to continue the program if grant expires or is reduced?
						23 If yes, identify affected entities by type
						ments or non-state entities?
					No	22 Will any of these funds be passed through to local govern-
						the state match requirement?
					No	21 Is an additional General Fund appropriation required to meet
						20 If yes, what is the MOE?
					No	19 Is there a maintenance of effort (MOE) requirement?
						18 If yes, what is the source or state tunds being used to match grant funds.
						1/ It yes, what is the matching requirement?
					NO	S
					1160	15 Fund code (XXXX or NA)
					14430	₩
					No	13 Is this grant already in agency's continuation budget?
					New	≱
					03/31/13	11 End date of grant (MM/DD/YY)
					09/30/10	10 Start date of grant (MM/DD/YY)
					09/06/10	9 Grant application deadline (MM/DD/YY)
			v Lactor Sarvellance	dialigio belaviolal Na	System	
			Care Act) State	dable Care Act (Affordable	Patient Protection and Affordable Care Act (Affordable Care Act) State	8 Grant title
					93.283	7 CFDA number
				Prevention (CDC)	Centers for Disease Control &	6 Funding Entity (grantor)
				.gov	james.cassell@dhhs.nc.gov	
					919-855-4485	
					James Cassell	3 Contact person (name)
					Division of Public Health	DHHS only, choose division from
				nan Services	Department of Health and Human Services	1 Department
					In the second se	

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions. C:\WINDOWS\Temp\Temporary Internet Files\Content.Outlook\1F59FLOI\AVVARD - BRFSS Component II (2).xls

31 Comments	29 Amount or grants tunds <u>awarded</u> in each year	28 Amount of grants funds <u>applied for</u> in each year	Time-Limited	27 If yes, give the number by type for each year: Permanent	*			26 Are new FTEs funded through the grant?	•	24 Will additional state monies be required to continue the program if grant expires or is reduced?	;	****	govern-	21 Is an additional General Fund appropriation required to meet the state match requirement?	:		18 If yes, what is the source of state funds being used to match grant funds.	17 If yes, what is the matching requirement?	Is there a state matching requirement?	•	:	13 Is this grant already in agency's continuation budget?		Start date of grant (MM/DD/YY)	, ,					•		DHHS only choose division from drop down list	1 Department		Notification o	P
This grant is only available to states participating in the MFP Demonstration Project. We will be collaborting with the Office of Longterm Services.	From Grant description: the primary purpose of the opportunity is to facilitate and strengthen ADRCs [in NC, this is managed through the Office of Longterm Services and Supports]in coordinating transitions from nursing homes to community based settings for people with disabilities and older adults.		A A		Actual Authorized	SFY 2008-09 SFY 2009-10	Complete either	No		No	local govt AND private non-profit AND other state agency		yes	No		No			No	1102	14445	No	09/30/12	09/30/10	07/30/10	ADRC Nursing Home Transition and Diversion Program	93.779	Centers for Medicare and Medicaid Services	rish.farnham@dhhs.nc.gov	919-855-4274	Patricia ("Trish") Farnham	Division of Medical Assistance	Department of Health and Human Services	Il structions at http://www.ospin.state.nc.us/nies/pu_nies/grants_nistr.pu	Notification of Application for Grant Funds/Awards, 2009- Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.	
the MFP Demonstration Project. We will be o	opportunity is to facilitate and strengthen ADF mes to community based settings for people	\$200,000.00	\$300 000 00		Proposed F	SFY 2009-10 SF	Complete either Authorized or Proposed   ◆	En 2000 10			jency							2022								rogram								iles/Grants_illsd.pdr	unds/Awards, 2009-1 eigh. NC 27603-8005, 919-807-4700.	
collaborting with the Office of Longt	RCs [in NC, this is managed through with disabilites and older adults.	\$200,000.00	\$200 000 00		Proposed Proposed	SFY 2010-11 SFY 2011-12																													-10	•
erm Services.	h the Office of Longterm Serivces and					11-12 SFY 2012-13																														

# Notification of Application for Grant Funds/Awards, 2010-11

Department	Office of State Budget and Management, 116 West Jones Street, Kaleigh, NC 27603-5005, 919-507-47/00 Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf    Department of Health and Human Services	Sgrants_instr.pdf  Surants_instr.pdf	9.807.440	88 :-
12 Application type	No No			
the state match requirement?	No No			
25 If yes, is this a requirement of the grant?	Yes  For 2010-11  Complete either Authorized or Proposed  SFY 2009-10  SFY 2010-11  SFY 2010-11  Actual  Authorized  Proposed	For 2010-11 er Authorized or F SF	or Proposed SFY 2010-11 Proposed	Proposed Proposed Proposed
27 If yes, give the number by type for each year: Permanent Time-Limited	3		18.000	18.000 18.000
28 Amount of grants funds <u>applied for</u> in each year	\$2,025,000.00 \$675,000.00 \$675,000.00  DPH is applying for both Component I (non-competitive) and Component II (competitive) to build public health infrastructure to meet needs of health reform. Purpose of Component II is to enhance public health data collection and user-friendly dissemination for use by local health departments and their partners. Priority health indicators	and Compoi	\$2,025,000.00 nent II (competitive andly dissemination)	\$2,025,000.00 \$675,000.00 rent II (competitive) to build public health infrastrandly dissemination for use by local health depart
30 Purpose or grant or amenument	Component II is to enhance public health data collection and user-friendly dissemination for use by local health departments and their partners. Priority health indicators including the Healthy North Carolina 2020 measures, will be integrated into a web-based data dissemination system to help local partners plan and measure progress. Funding will be used to support the information technology and workforce infrastructure needed to create and maintain a user-friendly data dissemination for use by communities, including projects in vital records, the State Center for Health Statistics, and Communicable Disease.  This great will be funded from 9/30/10 through 9/29/11. The total in the Proposed 2010-11 Budget includes 75% of the full funding, and 2011-12 includes 25% of the full	n and user-frien ill be integrated ogy and workfor ite Center for He	dly dissemination into a web-base ce infrastructure alth Statistics, alth Statistics 2010	dly dissemination for use by local health depart into a web-based data dissemination system to infrastructure needed to create and maintail Statistics, and Communicable Disease.  Proposed 2010-11 Budget includes 75% of the
31 Comments	This grant will be funded from 9/30/10 through 9/29/11. The total in the Proposed 2010-11 Budget includes 75% of the full funding, and 2011-12 includes 25% of the full funding. The total application amount is \$2,700,000.  Research Specialist (5 positions); Business and Technology Applications Specialist (4 positions); Business and Technology Applications Analyst (1 position). Operation and Systems Specialist (1 position); Public Health Nurse Consultant (2 positions); Public Health Program Administer I (1 position). Administrative Assistant II (2 positions). Public Health Program Administer I (1 position).	The total in the Pronology Applications reached Consultant (2 possiblic Health Program	Specialist (4 Specialist (4 sitions); Pu n Administer	posed 2010-11 Budget includes 75% of the full funding, and 2011-12 includes 25% of specialist (4 positions). Business and Technology Applications Analyst (1 positions), sitions). Public Health Program Consultant II (1 position); Social/Clinical Research Administer I (1 position).